



CLIENT INFORMATION

Name: _____ Age: _____ DOB: _____ Referred By: _____

Address: _____ City/State/Zip: _____

Phone: _____ Text: Y / N Email: _____

CONSENT FOR TREATMENT

I agree to enter into a therapeutic relationship with a Mares Cares Counseling therapist or associate to work on the identified goals. I agree that I may withdraw at any time. I understand that confidences will be maintained unless the therapist or associate believes that my safety or the safety of others is at risk or is otherwise legally mandated (e.g., court order, licensure board inquiry, insurance carrier or regulator audit).

CONSENT FOR RELEASE OF INFORMATION

I, _____, authorize my Mares Cares therapist or associate
(Parent or Legal Guardian Name)

to share information pertaining to _____, (DOB) _____,
(Child's Name OR "myself")

with individuals who are mutually agreed upon as being potentially helpful in the therapeutic process.

FEES, INSURANCE AND PAYMENT

- I have reviewed and discussed the usual and customary charges (UCC) fee schedule with my therapist.
- I understand that network insurance will be billed by Mares Cares when applicable.
- I authorize Mares Cares to collect payment electronically for any applicable copayments, coinsurance or out-of-pocket payments from the credit or debit card bank account specified below:

Card Type: _____ Number: _____ Exp. (MM/YY): _____

Name on Card: _____ CVN: _____

Billing Address: Same as above Different: _____

NOTIFICATION OF RECORDING

The security system installed at the Mares Cares Counseling office (628 Commanche Rd) automatically and continuously records both video and audio feeds from all therapy rooms and temporarily saves these recordings onto a DVR unit. Some of these recordings will be permanently saved for educational and training purposes. Reasonable efforts will be made to protect client identity and to respect client confidentiality.

I have read, understand, and accept all terms and conditions of treatment presented above:

 Self (OR) Mother Father Other Legal Representative of Minor Client Date

Minor Client (if applicable) Date

Mother's address: _____ Father's address: _____

Are there any current **court orders** or **legal proceedings** regarding this client? No Yes (specify back side)